

| CLAIMS ONLY | | | | | | Application Number <i>10/526017</i> | Filing Date | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|---|--------------|--------|-------|--------|-------|--------|
| | | | | | | Applicant(s) | | | | | | |
| | | | | | | * May be used for additional claims or amendments | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | Indep | Depend | Indep | Depend | Indep | Depend |
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | |
| 1 | | | | | | | 51 | | | | | |
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| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total Indep | 3 | | | | | | Total Indep | | | | | |
| Total Depend | 15 | | | | | | Total Depend | | | | | |
| Total Claims | 18 | | | | | | Total Claims | | | | | |